

3
5-2102

Please type plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/896,221
Filing Date	June 29, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	System on chip architecture
Group Art Unit	2151
Examiner Name	----
Attorney Docket Number	RR-503 /58019-43

RECEIVED
MAR 6 2002
TC 2800 MAIL ROOM

I hereby appoint:

☐ Practitioners at Customer Number _____

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____

OR

Place Customer
Number Bar Code
Label here

RECEIVED

APR 09 2002

Technology Center 2100

☒ Firm or
Individual Name

Rodman & Rodman

Address 7 South Broadway

Address

City White Plains State NY Zip 10601

Country

Telephone (914) 949-7210 Fax (914) 993-0668

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Jason Gosior

Signature

Date

Jason Gosior
Feb. 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/896,221
	Filing Date	June 29, 2001
	First Named Inventor	Jason GOSIOR et. al.
	Title	System on chip architecture
	Group Art Unit	2151
	Examiner Name	-----
	Attorney Docket Number	RR-503 /58019-43

I hereby appoint:

☐ Practitioners at Customer Number _____ →

Place Customer Number Bar Code Label here

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____ →

Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Rodman & Rodman				
Address	7 South Broadway				
Address					
City	White Plains	State	NY	Zip	10601
Country					
Telephone	(914) 949-7210	Fax	(914) 993-0668		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Colin Broughton
Signature	
Date	11 Feb 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

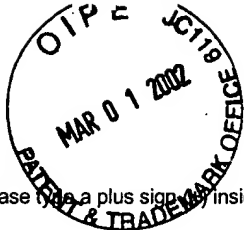
Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR 6 2002
TO 2880 MAIL ROOM

RECEIVED

APR 09 2002

Technology Center 2100



Please use a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/896,221
Filing Date	June 29, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	System on chip architecture
Group Art Unit	2151
Examiner Name	-----
Attorney Docket Number	RR-503 /58019-43

I hereby appoint:

☐ Practitioners at Customer Number _____

OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____

OR

Place Customer
Number Bar Code
Label here

☒ Firm or
Individual Name

Rodman & Rodman

Address

7 South Broadway

Address

City

White Plains

State

NY

Zip

10601

Country

Telephone

(914) 949-7210

Fax

(914) 993-0668

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Phillip Jacobsen

Signature

Phillip Jacobsen

Date

February 9, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR -6 2002
TC 2800 MAIL ROOM

RECEIVED

APR 09 2002

Technology Center 2100



Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/896,221
Filing Date	June 29, 2001
First Named Inventor	Jason GOSIOR et. al.
Title	System on chip architecture
Group Art Unit	2151
Examiner Name	-----
Attorney Docket Number	RR-503 /58019-43

RECEIVED
MAR -6 2002
MAIL ROOM

I hereby appoint:

☐ Practitioners at Customer Number _____
OR

☒ Practitioner(s) named below:

Name	Registration Number
Philip Rodman	25,704
Charles Rodman	26,798
Terrence N. Kuharchuk	34,999

Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number _____

OR

Place Customer
Number Bar Code
Label here

RECEIVED

APR 09 2002

<input checked="" type="checkbox"/> Firm or Individual Name	Rodman & Rodman			Technology Center 2100		
Address	7 South Broadway					
Address						
City	White Plains	State	NY	Zip	10601	
Country						
Telephone	(914) 949-7210		Fax	(914) 993-0668		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	John Sobota
Signature	
Date	2/11/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Ch 211 St. 020 10-27-01

2151

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Jason GOSIOR, Colin BROUGHTON, Phillip JACOBSEN
and John SOBOTA

Serial No.: 09/896,221

Group Art Unit: 2151

Filing Date: June 29, 2001

Examiner: *sterley*

Title: **SYSTEM ON CHIP ARCHITECTURE**

Entity Status: Small Entity

Our Docket: RR-503

RECEIVED
MAR - 6 2002
TC 2800 MAIL ROOM

CERTIFICATE UNDER 37 CFR 1.8 (a)

I hereby certify that this correspondence is being deposited with the U.S. Postal
Service as first class mail in an envelope addressed to:

Commissioner for Patents
Washington, D.C. 20231

on February 20, 2002

Philip Rodman
Applicants' Attorney

Commissioner for Patents
Washington, D.C. 20231

RECEIVED

APR 09 2002

REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW POWER OF ATTORNEY Technology Center 2100

Sir:

Applicants hereby submit:

- 1) A Revocation of Power of Attorney document which
pertains to all previous and existing Powers of Attorney.
- 2) A Power of Attorney document which appoints the new
prosecuting attorneys for this application.

Please charge any fees in connection with this submission to our

Deposit Account No. 18-1743.

Dated: February 20, 2002

RODMAN & RODMAN
7 South Broadway
White Plains, New York 10601

Telephone: (914) 949-7210
Facsimile: (914) 993-0668

634-12

Respectfully submitted,

Philip Rodman
Philip Rodman, Reg. No. 25,704
Attorney for Applicants



Please type a plus sign (+) inside this box.

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/896,221
Filing Date	June 29, 2001
First Named Inventor	Jason Gosior et. al.
Group Art Unit	2151
Examiner Name	----
Attorney Docket Number	RR-503 /58019-43

I hereby revoke all previous powers of attorney or authorizations of agent given in the above identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Jason Gosior

Signature

Date

FEB 27 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

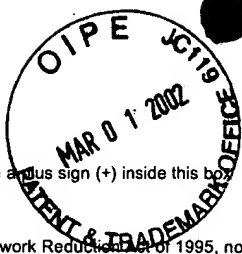
☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR - 6 2002
ITC 2800 MAIL ROOM

RECEIVED
APR 09 2002

Technology Center 2100



Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/896,221
Filing Date	June 29, 2001
First Named Inventor	Jason Gosior et. al.
Group Art Unit	2151
Examiner Name	---
Attorney Docket Number	RR-503 / 58019-43

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Colin Broughton

Signature

Date

11 Feb 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) in this box → ☐

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	09/896,221
	Filing Date	June 29, 2001
	First Named Inventor	Jason Gosior et. al.
	Group Art Unit	2151
	Examiner Name	----
	Attorney Docket Number	RR-503/58019-43

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		ZIP	
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Phillip Jacobsen
Signature	<i>Phillip Jacobsen</i>
Date	February 11, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type plus sign (+) inside this box →



PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/896,221
Filing Date	June 29, 2001
First Named Inventor	Jason Gosior et. al.
Group Art Unit	2151
Examiner Name	----
Attorney Docket Number	RR-503/58019-43

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number



Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

John Sobota

Signature

Date

2/11/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
MAR-6 2002
TC 800 MAIL ROOM

RECEIVED

APR 09 2002

Technology Center 2100